

# Retreat Hospital

Andrea K. Williams  
Director of Volunteers  
2621 Grove Ave.  
Richmond, Va. 23220  
254-5555

## Adult Application      Date: \_\_\_\_\_

Thank you for your interest in volunteering at Retreat Hospital.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Currently employed by: \_\_\_\_\_ Phone \_\_\_\_\_  
Birthday: \_\_\_\_\_ EMAIL \_\_\_\_\_

List most recent employer & volunteer experience:      Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

Please circle day/days preferred: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Please circle shift preferred: 8:30-12:30 12:30-4:30 4:30-8:30

Volunteers receive a free meal for every 4 hour shift worked

Please list two references. No family members please. Professional references preferred.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

—

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

—

**Please read the following and sign:**

I give permission to Retreat Hospital to contact my references and to verify any information contained in this application.

Upon acceptance of a Volunteer position, I agree to comply with the policies of Retreat Hospital and the Department of Volunteer Services. I will keep all privileged information concerning the hospital, its patients and staff strictly confidential. I will take all criticisms and suggestions to the volunteer director.

When I cease to be a Retreat Volunteer, I will promptly return my hospital identification and borrowed uniform to the Director of Volunteers at retreat Hospital.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Retreat Hospital Volunteer Services considers applicants for all positions without regard to race, color, religion, sex, national orientation, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.**

\*\*\* OSHA requires all healthcare workers, including volunteers, to have an annual PPD Skin Test or Tuberculosis prior to assuming duties. These requirements are strictly enforced by Retreat Hospital in compliance with OSHA Federal regulations.

\*\*\* All volunteers born in 1957 or later must provide proof of immunity to Rubella and proof of two Rubeola (red measles) vaccines on or after their first birthday.